

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26565

State File No.

Registration District No.

Primary Registration District No.

1003

Registrar's No.

6357

1. PLACE OF DEATH:

(a) County.....
(b) City or town. St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3940 California Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME FERDINAND MUEHLHAUSEN

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased July 26, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 -- 6 hr. min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business.....

MOTHER FATHER { 12. Name Jacob Muehlhausen
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Emma Schueddig
15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Otto Muehlhausen
(b) Address 3940 California Ave.

17. (a) Burial (b) Date thereof 8/4/41.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Mathews Cemetery

18. (a) Signature of funeral director J. H. Gellert & Co.
(b) Address 2842 Meramec St.

19. (a) AUG - 4 1941 (b) J. H. Gellert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3940 California Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1st.
year 1941 hour 7 minute 20 A. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....
that I last saw him alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Sclerosis;
Paget's Disease of bone.

Due to.....

Due to.....

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature James J. Puffer (M. D. or other) MD
Address..... Date signed.....

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Leon E. Percy

Licensed Embalmer No. 4094

P. O. Address. 2842 Meramec St.
St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.